

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

COPY

David M. Williams

Plaintiff

V.

Department of Corr. Medical
Defendant(s) ET, AL.APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

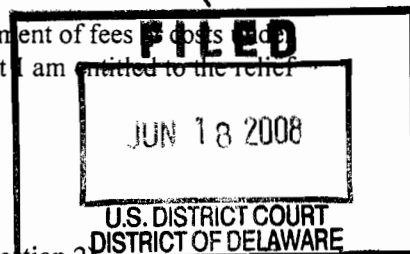
367

I, David M. Williams

declare that I am the (check appropriate box)

☒ Petitioner ☒ Plaintiff ☐ Movant
 ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees and costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)If "YES" state the place of your incarceration Delaware Corr. Center, James Vaughn Cntr.Inmate Identification Number (Required): 173211Are you employed at the institution? No Do you receive any payment from the institution? NoAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? ☐ Yes ☒ Noa. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer. \$0b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. May of 1998

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---------------------------|-------------------------------------|
| a. Business, profession or other self-employment | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| e. Gifts or inheritances | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| f. Any other sources | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

•• Yes

•• No

If "Yes" state the total amount \$.0

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

•• Yes

•• No

If "Yes" describe the property and state its value.

\$.0

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

none

I declare under penalty of perjury that the above information is true and correct.

David M. Williams

DATE

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: David Williams SBI#: 173211
FROM: Stacy Shane, Support Services Secretary
RE: 6 Months Account Statement
DATE: June 5, 2008

Attached are copies of your inmate account statement for the months of
December 1, 2007 to May 31, 2008.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Dec</u>	<u>\$</u>
<u>Jan</u>	<u>\$</u>
<u>Feb</u>	<u>\$</u>
<u>March</u>	<u>\$</u>
<u>April</u>	<u>\$</u>
<u>May</u>	<u>\$</u>

Average daily balances/6 months: \$

Attachments

CC: File

Stacy Shane
6/5/08

Janelle A. Shaw
6/5/08

Individual Statement From December 2007 to May 2008

Date Printed: 6/5/2008

Page 1 of 2

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	
00173211	Williams	David	M		\$0.00	
Current Location: D/E					Ending Month Balance:	\$0.00
Comments:						

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Supplies-MailPosta	12/11/2007	\$0.00	\$0.00	(\$3.82)	\$0.00	526295		INDIGENT 11/9/07	
Supplies-MailPosta	12/11/2007	\$0.00	\$0.00	(\$3.86)	\$0.00	526483		INDIGENT 12/5/07	
Supplies-MailPosta	1/3/2008	\$0.00	\$0.00	(\$0.41)	\$0.00	537480		12/10/07	
Supplies-MailPosta	1/7/2008	\$0.00	\$0.00	(\$0.97)	\$0.00	538090		12/18/07	
Supplies-MailPosta	1/7/2008	\$0.00	\$0.00	(\$0.97)	\$0.00	538140		12/13/07	
Supplies-MailPosta	2/5/2008	\$0.00	\$0.00	(\$1.31)	\$0.00	552279		1/9/08	
Supplies-MailPosta	2/5/2008	\$0.00	\$0.00	(\$0.41)	\$0.00	552292		1/9/08	
Supplies-MailPosta	2/14/2008	\$0.00	\$0.00	(\$3.82)	\$0.00	556383		INDIGENT 2/7/08	
Medical	2/15/2008	\$0.00	(\$6.00)	\$0.00	\$0.00	557062		1/4/08	
Supplies-MailPosta	2/21/2008	\$0.00	\$0.00	(\$0.41)	\$0.00	560207		1/27/08	
Supplies-MailPosta	2/28/2008	\$0.00	\$0.00	(\$1.14)	\$0.00	563018		2/27/08	
Supplies-MailPosta	3/11/2008	\$0.00	\$0.00	(\$3.66)	\$0.00	568754		INDIGENT SUPPLIES	
Supplies-MailPosta	3/19/2008	\$0.00	\$0.00	(\$0.97)	\$0.00	572883		3/18/08	
Supplies-MailPosta	3/24/2008	\$0.00	\$0.00	(\$3.66)	\$0.00	574265		INDIGENT 1/2/08	
Supplies-MailPosta	4/4/2008	\$0.00	\$0.00	(\$0.41)	\$0.00	580037		3/10/08	
Supplies-MailPosta	4/4/2008	\$0.00	\$0.00	(\$0.41)	\$0.00	580038		3/10/08	
Supplies-MailPosta	4/4/2008	\$0.00	\$0.00	(\$0.97)	\$0.00	580061		3/9/08	
Supplies-MailPosta	4/7/2008	\$0.00	\$0.00	(\$3.82)	\$0.00	581515		INDIGENT 4/3/08	
Supplies-MailPosta	4/21/2008	\$0.00	\$0.00	(\$0.97)	\$0.00	588927		3/21/08	
Supplies-MailPosta	4/22/2008	\$0.00	\$0.00	(\$1.65)	\$0.00	590159		3/28/08	
Supplies-MailPosta	4/22/2008	\$0.00	\$0.00	(\$1.31)	\$0.00	590161		3/28/08	
Supplies-MailPosta	4/30/2008	\$0.00	\$0.00	(\$0.80)	\$0.00	594860		4/27/08	
Supplies-MailPosta	4/30/2008	\$0.00	\$0.00	(\$0.97)	\$0.00	594962		4/22/08	
Supplies-MailPosta	5/9/2008	\$0.00	\$0.00	(\$1.99)	\$0.00	600814		5/6/08	
Supplies-MailPosta	5/9/2008	\$0.00	\$0.00	(\$1.31)	\$0.00	600815		5/6/08	
Supplies-MailPosta	5/14/2008	\$0.00	\$0.00	(\$4.02)	\$0.00	603500		INDIGENT 5/8/08	
Medical	5/15/2008	\$0.00	(\$4.00)	\$0.00	\$0.00	604107		4/10/08	
Supplies-MailPosta	5/22/2008	\$0.00	\$0.00	(\$0.42)	\$0.00	607064		5/19/08	

Individual Statement From December 2007 to May 2008

Date Printed: 6/5/2008

Page 2 of 2

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	\$0.00
00173211	Williams	David	M		Ending Month Balance:	\$0.00
Current Location: D/E Comments:						

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
					Ending Month Balance:	\$0.00			

Total Amount Currently on Medical Hold: (\$20.00)

Total Amount Currently on Legal Hold: (\$3.40)

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: (\$224.69)